Name	06	Club
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Date:			
	For	T	A

A VOLUNTEER APPLICATION

(To be completed by 4-H Volunteers)

lame			T	
First	Middle		Last	
Sailing				
AddressStreet	City		Zip	
, out out	C.I.,		•	ē.
Month/Day/Year Date of Birth	Driver's Licer	ase Number	Social Security	Number
Phone: Day ()		Best time to call		
Are you a 4-H alumnu	s?	Where were	you in 4-H? County/St	ate
		•	•••	
Have you ever been a	4-H Leader?Yes]	No If yes, how many y	ears?	
WhereCity		County	S	ate
·				
		/ No Austra	/ Nhoth	?
Do you prefer to work	k directly with: () youth	()adults	()both	•
If you prefer to work	directly with youth, what gra	ade level(s) do you pref	ier?	
() Primary 4-H'ers G () Junior 3,4,5	rades 1,2	() Intermedia () Senior 9,		
What time commitment do you initially desire? () 1-3 months () 3-6 months		()6-	12 months	
Previous Work or Vo	lunteer Experience: (List c	urrent or most recent e	xperience first)	
Employer or Organization	ation	Position Title or Volu	nteer Role	Year
	·			
Skills, Training, Educ	ation			
- -				

Have you been convict	ted of a criminal offense i	in the last seven years?	
Have you been found	guilty of a criminal offens	se even if adjudication was	withheld?
Have you pled nolo co	ontendre?		
If yes to any of the ab	ove, please give date, nat	ure of offense and dispositi	OR
specifics of the position	on for which you have app	olied.	d will be considered as it relates to
complete addresses.	-		
Name		Phone	
Address	City	State	Zip
Name		Phone	
Address	City	State	Zip
cause for non-appoint appointed as a volume	ntment se a Connerative	Extension volunteer or for y the expectations of Coop	tion or omission of facts requested is retermination after appointment. If perative Extension and to fulfill the
Signature			Date 19
Return the application any questions or wis	on at your earliest conveni h further information.	ience to assure prompt prod	cessing. Please contact us if you have
Return to:			

Thank You!

APPLICANT DISCLOSURE FORM For Volunteers Working Directly With Youth

The Florida Cooperative Extension takes seriously its obligation to provide a safe atmosphere for all persons involved in youth activities. As you know, child abuse is of increasing concern to everyone. It is not our intent to discourage volunteers - after all, Cooperative Extension depends upon your support. We do wish, however, to do what we can to assure the well-being of youth participants.

NOTE:

By completing this form, applicants understand that an inquiry may be made to proper authorities to determine whether the applicant has any history relating to crimes against the person or child abuse.

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date and the court(s) involved.

1. Have you or anyone living at your residence ever been convicted of any crimes against persons listed as follows: Aggravated murder: first, second, or third degree murder; first or second degree kidnaping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree statutory rape; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties, incest, vehicular homicide; first degree promoting prostitution; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment?

Have you ever	er been found in any dependency action to have sexually assaulted of minor or to have physically abused or neglected any minor?
ANSWER _	IF YES, EXPLAIN BELOW:

3.	Have you ever been found by a court in a domestic relations proceeding to have sexually abused or exploited any minor?
	ANSWER IF YES, EXPLAIN BELOW:
4.	Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?
	ANSWER IF YES, EXPLAIN BELOW:
I œr	tify that the foregoing is true and correct.
Appl	licant Signature
Date	e and Place
Witn	ness
Tele	phone of Witness
Add	ress State Zip